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<b>REVOCA</b> <b>TION OF POWER OF</b> <b>ATTORNEY WITH</b> <b>NEW POWER OF ATTORNEY</b> <b>AND</b> <b>CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/699,580-Conf. #8428
	Filing Date	October 30, 2000
	First Named Inventor	David BEACH
	Art Unit	1635
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	0287000.00162US2

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 84834 Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: 84834**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	John Maroney		
Date	4/23/2009	Telephone	(516) 367-8301
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.		